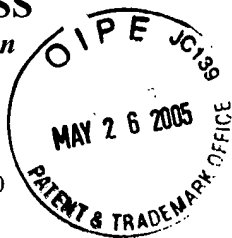


CHANGE OF CORRESPONDENCE ADDRESS Application		
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/630,228
	Filing Date	August 1, 2000
	First Named Inventor	D.A. Burton et al.
	Art Unit	2186
	Examiner Name	Matthew D. Anderson
	Attorney Docket Number	TUC920000013US1



Please change the Correspondence Address for the above-identified patent application to:

☐ Customer Number: **33595**

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)

I am the:

☐ Applicant/Inventor

☐ Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney or Agent of Record. Registration Number Registration No. 39,867.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	David W. Victor	
Signature		
Date	April 21, 2005	Telephone (310) 553-7977

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ *Total of 1 form is submitted.